Chapter 6

Sodomy Emerges Victorious

Human sexuality is a complicated phenomenon. A cursory examination will not yield the entire significance of a sexual act.

–Pat Califia
"Feminisim and Sadomasochism"

When I'm bad, I'm so, so bad.

–Donna Summer, "Last Dance"

We may be witnessing the creation of a new urban gay male life cycle.

Hank Homo (primarily white, but not always; primarily middle class, though not always) spends his childhood in the Midwest (or the South, or New England, or Colorado) with a dawning sense of being "different" which blooms in adolescence into full-blown alienation. He fools around with guys in high school, sneaks out of his college dorm on Saturday night to visit the nearest gay bar, and shortly after graduation, comes out of the closet at age twenty-one.

Hank spends the next few years exorcising demons of self-hatred and addiction, immersing himself in queer culture of the nearest small city, and trying on different kinds of gay identities. At twenty-five, seeking to fulfill a seemingly unquenchable thirst for gay life and a heightened queer identity, he packs his bags and gets on a Trailways bus (or a plane, or in his used '78 Chevy Nova) and heads

for San Francisco (or New York, or Los Angeles, or Chicago . . .). He finds a roommate situation in the Castro (or the East Village or West Hollywood or New Town . . .), a gig as a barback at a neighborhood bar, and a gym filled with hundreds of other mid-twenties homo-migrants.

He knows what's safe and what's not safe and wears a red ribbon on his leather jacket lapel. Hank throws himself into "the life" with gusto, good humor, and the best intentions. He discovers the dance clubs and the sex clubs, is jerked off in the showers at his gym (or the park at night, or the tea-room in the department store), and picks up men on subways, streetcorners, and at the corner market. He's feeling good, he's feeling hot–finally attractive and at home in his body. At twenty-eight years old, he's living the kind of life he's always dreamed of: out and proud as a gay man, immersed in a gay-positive environment, sharing in a communal culture of pleasure and freedom and affirmation.

One night (or day, or afternoon) he goes home with a man he's dated a few times (or a man he met on the street, or his ex-lover, or his ex-lover's new lover), and gets caught up in a moment of passion (or too much to drink, or wanting it so bad . . .) and he engages in sex he knows he's not supposed to engage in and never has before (or only has had a few times, or has had quite a bit lately). He frets about it for days (or weeks, or years) and before he knows it, he's at the HIV test site, scared shitless, waiting to get the results.

At thirty he hears the news he's feared for years (or expected to hear for years): he finds out he's infected with HIV. From age thirty to thirty-three, he's in denial and tells himself HIV is "chronic and manageable" (or the test was wrong, or that there'll be a cure soon). From thirty-three to thirty-six, he's mildly symptomatic, and learns to meditate and eat right (or begins taking AZT, or becomes religious, or joins ACT-UP). At thirty-seven he's diagnosed with KS (must have been those poppers, or the speed, or all the semen swallowed, or bad genes) and gets on several experimental treatments (or withdraws into severe depression, or writes a column for the local gay paper, or moves back to the Midwest, the South, or New England). He recovers his health for a while, joins a healing circle (or a twelve-step program, or a phone sex line, or a new compact disc club) and tells the world he's "gonna beat it!" His energy begins slipping away, he loses weight (or eyesight, or bowel control, or mental functioning), becomes increasingly debilitated and homebound.

Two months before his fortieth birthday, Hank Homo succumbs to HIV disease, another soul caught up in a truncated life cycle increasingly prevalent in gay male worlds.

SEX STAGES A COMEBACK

During the 1980s, a generational divide emerged within urban gay male communities, distinguished not only by age but by relationship to the onset of the AIDS epidemic. Younger men who had come out after the epidemic began, by 1985 had embarked on the early stages of community development. This movement of queer men could be found between 1985-1990 making connections, redefining identities, and inventing new social venues and cultural semiotics. During these same years, the men who had constituted gay male cultures of the 1970s were watching the social and sexual worlds they had constructed fall to pieces; many were sick, dying, or experiencing deep emotional and psychological reactions to the epidemic. As the decade came to a close and the epidemic showed no signs of ending, both populations experienced internal shifts in the ways they framed identity, constituted desire, and occupied the queer public sphere. A resurgence of sexual activity slowly became evident among both of these gay male populations nationwide.[1]

By 1985, many gay men over the age of thirty were facing decimation beyond their wildest imagination. Over 10,000 had been diagnosed with this frightening new syndrome and tens of thousands more were infected with HIV and feared for their lives.[2] Even more men had lost lovers, best friends, neighbors, coworkers, and entire social networks. The expectations they had held for themselves and for the gay community in the 1970s at best had been interrupted; more likely dreams were being dashed to pieces. Profound changes in sexuality appeared including dysfunction, sexual anorexia, or sex addiction.[3] As the extremity of life in the epidemic twisted gay male psyches–and as these men approached middle age–many entered a sexual winter and found diminished interest in erotic desire, commercial sex cultures, and life in the gay community.[4]

This same period (the mid-1980s) was undoubtedly troubling for young gay men attempting to emerge from the closet and enter community life amid the reappearance of linkages between gay identity and lethality. The experiences of teenagers and men in their early twenties coming out amid this twisted connection between illness and sexual identity has yet to be fully documented. As the late 1980s arrived, an assortment of new publications, organizations, and cultures emerged out of the networks of young self-defined queers. Adopting distinctive styles, music, activism, and icons, queer men created venues and identities which found new ways to grapple with core issues: gender, power, social organization, sexuality, and AIDS.

By 1990, men of these two distinct generations were feeling a shared resurgence of libido. In urban centers, younger men had successfully made inroads and established their own commercial venues: dance clubs, sex clubs, gyms, coffee shops, backroom bars. With the beachheads secured, a few years of experience in the rough and tumble of the epidemic behind them, and the increasing mainstream visibility of gay and lesbian issues, queer men surged into communal life with gusto. For all their attempts to separate themselves politically and culturally from the preexisting gay community, queer men placed sex at the center of their communal culture, as urban gay men had done a generation earlier.

Jay Paul and colleagues describe a "generation gap" between these two populations of gay men:

> Historical changes in the gay community as a consequence of the AIDS epidemic have contributed to a "generation gap" between older and younger gay men. Every generation feels the need to assert its independence from previous generations, yet the highly threatening nature of AIDS may have intensified the younger generation's motivation to separate themselves from their gay elders. In some communities, this was exemplified by the emergence of age-segregated social groups (e.g., San Francisco's "Boy Clubs"). This has also been evident in the development of a new aesthetic among younger gay men, who created both a new look and a new club scene that may feel quite alien to those who came out in the seventies period of gay male "clone."[5]

As the younger generation's new cultural venues became institutionalized, signs that the previous gay generation was entering a period of sexual revival became visible. Men who had stayed away from commercial sex venues for years found themselves revisiting old haunts. Some men began participating in parties, dance clubs, and other social venues dominated by the younger generation of queers. By 1995, New York magazine could report on the revived sex culture of Manhattan:

> The change in attitude is clearly visible around the city. The return of vintage seventies promiscuity has sparked a small boom in theaters, dance clubs, bars, and a variety of other venues that have back rooms and private cubicles for sex. Places like Club 82, the Crow Bar, and L.U.R.E. (Leather, Uniforms, Rubber, Etc.) are flourishing. So are private clubs, which meet at secret locations that change from week to week and have names like Excalibur and Carter's Prime. There are also weekly theme evenings, like Muscle Knights, where you check your clothes at the door. . . . A Chelsea club called Zone DK has been checked more than nineteen times over the past year and a half and during virtually every visit, inspectors saw customers having unprotected oral sex. . . . At a joint called Jay's Hangout in the West Village, inspectors reported both oral and anal sex. . . .[6]

Social discourse about sex issues, which had seemed frozen in a state of moral conservatism in the mid-1980s, began to thaw. Studies of gay men's sexual activity began to show a steady upswing at the close of the 1980s; more men had started to have more sex with more partners. At the same time, these surveys revealed that more men appeared to be engaging in what had become known as "high-risk" activity.[7]

RELAPSE AND RECIDIVISM: THE RE-PATHOLOGIZING OF ANAL SEX

Caught in the crisis of the week of the late 1980s, AIDS researchers and educators hardly had time to plan for or notice the dramatic shifts in the communal sex lives of gay men. It was only after 1990 that epidemiologists began to confront data documenting a serious increase of new infections among gay men in epicenter cities.[8] Once the alarm was sounded, health educators and community leaders initiated efforts seeking new directions and creative methods of what was rapidly termed "preventing relapse."

The choice of terms such as "relapse" and "recidivism" by public health researchers and community health educators exposes biases about gay male sexuality common to dominant prevention paradigms. One therapist revealingly told *Time* magazine:

> There is an awful lot of safe-sex recidivism. People who know what they are supposed to do and have been doing it for a while are finding it irresistible to return to their dangerous old ways.[9]

While the denotation of "relapse" is simply "to revert back to a former state," the term's popular usage with cancer patients and alcoholics brings with it connotations of "regressing after partial recovery from illness" and "backsliding into bad habits." Relapse implies disappointment, error, and failure.[10] "Recidivism" refers to a tendency to return to previous patterns of criminal behavior. Value-laden constructs such as "relapse," "recidivism," and "high-risk," became essential building blocks of gay male HIV education, and subtley undermined gay men's trust in prevention professionals: these are the identical constructs that historically have been used to pathologize gay men's sexual orientation.[11]

Pre-epidemic societal fear of and disdain for male homosexual acts were amplified by HIV and served to distort prevention efforts. Punitive and judgmental responses to the epidemic emerged out of the mix of fascination and revulsion which mainstream American culture harbors toward anal sex. A decade before the epidemic, French theorist Guy Hocquenghem explored the paradoxical linkage between homosexuality and anal eroticism:

> The desiring use of the anus made by homosexuals is the chief, if not the exclusive one. Only homosexuals make such constant libidinal use of this zone. . . . Homosexual desire challenges anality-sublimation because it restores the desiring use of the anus. . . . Homosexuality primarily means anal homosexuality, sodomy.[12]

Many believe that visceral ambivalence toward anal intercourse is triggered by "contradictory" functions of the anus. One gay psychologist has written:

> It is understandably confusing that the part of the body which is supposed to be so unsavory is also extremely sensitive and potentially among the most enjoyable. Especially for a child, the discovery that the anus is considered bad and repulsive must be confusing, since the idea is in direct contradiction to his or her pleasurable experience.[13]

If anal intercourse and the depositing or receiving of semen were bad habits, illnesses, or sins, the use of the term "relapse" might be appropriate. If such activities were to be considered legitimate sources of pleasure and expressions of desire between two men (or, for that manner, between two individuals of any gender), "relapse" may be considered a phobic term likely to spur the transmission of guilt through the discourse of safe sex.[14]

By accepting sexphobic and homophobic attitudes toward anal sex without challenges, prevention efforts in the 1990s reinforce judgments of gay men and devalue acts considered by many to be sacred. As Susan Sontag explained:

> An infectious disease whose principal means of transmission is sexual necessarily puts at greater risk those who are sexually more active–and is easy to view as a punishment for that activity. True of syphilis, this is even truer of AIDS, since not just promiscuity but a specific sexual "practice" regarded as unnatural is named as more endangering. Getting the disease through a sexual practice is thought to be more willful, therefore deserves more blame.[15]

Because anal intercourse and oral sex are potential transmission routes (although under differing circumstances and with vastly differing levels of risk), gay men have been encouraged to consider them expendable activities. A supposedly lethal epidemic is expected to provide the requisite motivation for sweeping behavior changes. It is assumed that the contemporary gay male sexual consumer will order from an erotic menu which doesn't include activities that have historically and transculturally held tremendous meaning. Most safe sex campaigns insist on condom usage with oral sex. The acceptance of semen into any orifice seems out of the question.[16]

Few "experts" are telling white, middle-class, married heterosexuals to stop vaginal intercourse. It took the New York State Public Health Council until 1994–almost fifteen years into the epidemic–to acknowledge that activity's role in HIV transmission and add it to the list of sex acts banned in that state's sex clubs.[17] Because vaginal intercourse is a core-defining act of heterosexual identity, an identity privileged in American culture, it is seen as natural and valuable. Vaginal intercourse is considered symbolically and literally life-giving and life-affirming–qualities few would attribute to anal intercourse. Telling heterosexual men and women to cease vaginal sex entirely would be mocked. At most, educators tepidly suggest the use of condoms during vaginal intercourse. And when heterosexual couples don't use them, it is attributed to faith in monogamy, the imbalance of power between men and women, and women's fears of provoking a man by the mere mention of condoms.[18] The defining role vaginal intercourse plays in the creation of heterosexuality and the reinforcement of bifurcated gender roles may be a large factor in failure to use condoms. Receiving semen provides many women with identity as a heterosexual woman; ejaculating semen into a woman provides many men with identity as a heterosexual man.[19]

During the International AIDS Conference in Amsterdam in 1992, I attended a presentation on condom use by heterosexual hemophiliac couples where the man was infected and the woman was not. In one study, most couples never used condoms during vaginal intercourse. The audience of doctors, researchers, and health providers nodded sympathetically with understanding. A later presentation that discussed unprotected anal intercourse between men brought on expressions of shock, disgust, and outrage. Heterosexuals infected through sexual activity are seen as sympathetic unknowing victims, a stigma quite different than that reserved for homosexual men. Studies which reveal that heterosexual couples overwhelmingly fail to use latex barriers during intercourse may be greeted with somber nods of identification and empathy by all except feminist health advocates.

The inability to fathom the complex cultural ways in which specific erotic acts between men are constituted lies at the root of societal incredulity that gay men are becoming infected at this stage of the epidemic. Why does it seem staggering and unbelievable that a man would allow himself to get fucked without protection? What makes people believe that swallowing semen is something that men will be able to give up for the rest of their lives? How do we feel when we realize that men we know, love, and respect, have unprotected anal sex? What is it like to realize that we desire these same acts?

Walt Odets, in an essay on unsafe sex between men, insists:

> We have to acknowledge that there *are* positive reasons that people have unsafe sex, that there are emotional reasons, that aspects of a relationship and intimacy are expressed in unsafe sex. For some people, the "exchange of bodily fluids" is what sex is all about.[20]

Why are sexual acts that may cause illness judged more harshly than non-erotic activities which lead to infirmity and death? Sontag identified the way Americans judge AIDS-related behavior:

> The unsafe habits associated with cancer, among other illnesses–even heart disease, hitherto little culpabilized, is now largely viewed as the price one pays for excesses of diet and "life-style"–are the result of a weakness of the will or a lack of prudence, or of addiction to legal (albeit very dangerous) chemicals. The unsafe behavior that produces AIDS is judged to be more than just weakness. It is indulgence, delinquency–addictions to chemicals that are illegal and to sex regarded as deviant.[21]

Gay men who never enjoyed anal sex and those who have been fully able to alter their sexual activities to ensure safety are often among those dumbstruck when they hear about the surge in new infections. When one's long-prized erotic repertoire holds little risk of infection, condemnation of others may come quickly. If one's sexual behavior has proven malleable, it may be easy to expect others to do likewise. Gay men who cannot intellectually grasp the complex factors which motivate men to have unprotected sex can be firm and furious in their indictments. The level of outrage and self-righteousness may suggest an intense identification with the men they purport to judge.

Is it possible for men to make anything resembling an authentic choice to be anally penetrated without a condom in the middle of this epidemic? For those who value life above all else, it may be impossible to resist pathologizing men who maintain different priorities in the middle of an epidemic: a value system which privileges pleasure, unfettered abandon, or specific modes of semen transfer over longevity of life seems unimaginable. Hence many "make sense" of the newly infected by insisting they are driven by low self-esteem, a death wish, or some kind of addiction (alcohol, drugs, sex . . .). While I suspect many men who seroconvert do not do so out of reasoned choice or an intellectually rooted desire to actualize personal values, I do not believe that all newly HIV-positive gay men are victims of poor mental health. Fundamental distinctions in the ways gay men conceptualize life in the epidemic are rarely acknowledged or discussed, yet may be a primary source of the varied responses to risk and safety.

Because prevention strategy has emerged from public health behaviorist approaches to education, the current attempts to explain unprotected sex occur within limited frameworks of understanding the ways desires are constituted. Some look for environmental factors which cause a man to take risk and blame bathhouses, sex clubs, drug and alcohol use, prostitution, and the gay ghetto. Most explanations ignore the existence of the vast unconscious mind which may contribute to human action. Many insist that if individuals are reasonably "intelligent," informed about safe sex, and provided with condoms, they will use them 100 percent of the time. When men violate these expectations, AIDS educators insist they

"haven't gotten the message," or "lack common sense." Perhaps something else is going on.

Author Richard Rodriguez has written, "To grow up homosexual is to live with secrets and within secrets."[22] These days many gay men may live within a very specific secret: sexual desires and activities are sources of great comfort and pleasure which may be needed now more than before the epidemic. While treated as exchangeable and expendable by many prevention campaigns, specific acts in fact provide considerable meaning and value to gay men's lives and identities.

At least one group of researchers, in attempting to understand why educated gay men continue to engage in unprotected anal sex, grasped the complex ways sexual desires are constituted:

> Important differences in beliefs about the value and relative importance of particular sexual behaviors may exist between those men who comply with safe sex recommendations and those who do not. . . . Some health belief items hint at interesting attitudinal factors in those men engaging in high-risk sex. That is, there is no compelling reason why placing a high value on sexual expression should be associated with participation in high-risk sex. . . . Do these measures hint at some as yet unidentified processes important to participation in high-risk sex?[23]

Most explanations of unprotected sex ignore the rich web of social and cultural relations out of which emerge human activity. R. W. Connell and colleagues offer innovative and pragmatic approaches to understanding these matters in a series of articles linking postmodern theory about sex and desire with HIV prevention for gay men. Decrying medical and public health's stranglehold on HIV education, they write:

> Sexuality must be understood as inherently social, not merely as a biological-phenomenon-with-a-social-context. Many social relationships are in considerable part *constituted* by sexuality, forming networks and institutions which, like all other forms of social structuring, are dynamic in historical

> time. Such evolving patterns of social relationship form the crucially important contexts of particular sexual practices.[24]

Connell and colleagues, in a study of homosexual desire and sexual activity among working-class men, further articulate the socially-constituted meanings of specific sex practices:

> The HIV epidemic did not arrive from outer space to disrupt a settled, static community. It arrived through sexual practices already being reworked into a set of social relations already in motion, indeed substantially reshaped in very recent history. The response to HIV/AIDS was therefore likely to be diverse, reflecting the unevenness of the changes and the variety of life situations homosexual men found themselves in.[25]

Recent work on urban gay male social history illustrates the imbrication of social relations with sexuality. Before the advent of AIDS, men undertook enormous risks to have anal sex.[26] Men have been willing to face the scorn of families, the loss of employment opportunities, and the threat of street violence for sex with other men. Penetration and the receiving of semen hold vastly different meanings in diverse cultures.[27] Why would the risk of HIV infection be motivation enough for men to exchange one sex act for another, as if simply replacing chocolate with vanilla ice cream?

It has become common to claim that gay liberation is about gay men's right to love other men. The right to love has historically posed less of a threat to Western societies than the right to fuck. Particular expressions of male love in America have been highly esteemed for a long time: entire institutions such as the church, military, Congress, and competitive sports are constructed around the elevation of manly love. Gay liberation was ignited by a drive to free the *erotic* power between men. Activist pioneers were advocating not solely affection and "domestic partnership," but the right to be fucked.[28] Masses of men emerging from the closet over the past twenty-five years have clamored for sexual freedom and the urban cultures they created elevated the value of communal sexual options. AIDS educators who have underestimated the powerful meanings of anal sex, oral sex, and semen exchange to significant

numbers of gay men may have imperiled the effectiveness of their efforts.

UNSAFE SEX AND ME: EROTICIZING THE FORBIDDEN

Except for brief periods in my life, I have never been monogamous. The men with whom I have lived and loved have shared my interest in continuing to have sex with other men. While my lover and I went through a period of time during the early stage of our relationship when our strong passions for one another naturally narrowed our focus, for most of our time together, we have enjoyed "extramarital relations."

I have never used a condom. Because I have not engaged in anal sex since 1983, I have not felt the need. Attending countless workshops has instructed me in their use, explained the differences between varying brands, and forced me into relay-race games which required me to put condoms quickly and efficiently onto bananas, dildos, and my fingers. Despite this training, I can't pretend to be an expert in condoms or anal sex.

Yet I have occasionally found myself in situations where men expect me to fuck them. This has created occasional awkward and disappointing encounters, and I now am sure to make it clear before going home with someone that anal sex is not going to occur. Still, I find myself with men who hope I will penetrate them.

While on a recent trip to Houston, I met a handsome man in a bar and struck up a conversation. After an hour of informal chit-chat and flirtation, he invited me back to his apartment. As I've learned to do in this situation, I agreed but asked him for a few minutes of conversation about our erotic preferences for the evening. I am acutely aware that such discussions can squelch desire before even getting to the bedroom, but experience has taught me they're worth the risk.

In this case, it was a very good idea. After I asked the gentleman what kinds of sex he was partial toward, it became clear that he had one thing in mind. "I really need to get fucked tonight," he told me in a slow, sexy, Southern drawl. "I want you to fuck me long and hard. . . . "

My heart sank when I heard these words. I knew I had to fess up. But I didn't want to risk alienating him and losing the chance to get him in the sack.

"Well, pal, I don't really have anal sex anymore," I said softly. "It's never been a favorite activity of mine and, with current concerns about safety, I've cut it out of my sexual repertoire. Are there other activities that we may be able to enjoy together?"

The man's expression changed dramatically. His face turned disappointed, even angry. "I'd use a condom with you," he offered. "It's fine for me if you want to be safe. I just need your dick deep in me tonight."

I considered his proposal only for a split second. "No way," I replied firmly. "I haven't fucked or been fucked in a long time and I'm not looking to start again now. Do you have any interest in cocksucking?" I asked, hoping an alternate interest could be agreed upon.

He turned and looked away from me and took a swallow of his beer. "I was really hoping you'd fuck me," he admitted. "I'm really good at it," he promised, looking back at me and grinning. His hand reached out and began rubbing my crotch through my jeans. "I would really show you a good time," he continued, "and I know you can show me a really good time. What do you say?"

It was clear that he thought I was simply teasing. I had to chuckle to myself at the dilemma I found myself in. Here was the man that I found most attractive in the bar and he was very interested in me. The sparks between us were evident. Yet our sexual desires were clearly not compatible. I was not willing to give him what he wanted, and he was very much focused that evening on a single, specific act.

I took his hand off me and turned to face him. "I'm really sorry, pal, but I am not kidding you," I insisted. "This is not something that I'm open to being talked into. I'm really good at certain other sexual activities," I bragged, laughing inside at my own overblown self-promotion, "but it's clear that tonight we are looking for two different things."

With that statement, I shook his hand, and walked into the crowd to cruise for a more compatible partner. Yet for the remainder of the evening, this gentleman kept giving me the eye, dropping by to flirt, and making his offer once again. It was clear that we both recognized our dilemma, though we also hoped the other would be swayed as the hours passed by.

I have great respect for men who enjoy getting fucked. At different times in my life, I have envied them and wished I could share their interest. There is something about the transgressiveness of receiving anal sex which has fascinated me, even as I keep the activity at a distance. As I've listened to men speak about the transformative powers of getting fucked, I often find myself relating to feelings and thoughts which seem to fall out from the act. The relationship between receptive anal intercourse and alternative visions of masculinity and male identity has struck me as particularly appealing. A penetrated man remains a man, but he may be different from men who don't get fucked. As a man in the latter category, I feel that difference acutely.

I occasionally have phone sex with a man who shares my interest in talking about unsafe anal intercourse. While he occasionally "tops" me during these telephone fantasy sessions and ejaculates up my butt, more often I am the one doing the fucking. This man enjoys setting the scene together and is especially excited when he is put in the position of telling me that he doesn't want me to use a condom.

Because I am familiar with his desires, I always am sure to say something like, "I didn't bring any rubbers with me, pal. Do you have any handy?" or "Before we go any farther, I've got to get a condom from my wallet and put it on. . . ."

This is usually followed by him saying, "No. No condoms today. I need to feel your dick in me, without a condom. I need to feel you shoot cum up my butt. I need it inside me. I need to feel your sperm in me."

He enjoys repeating this statement in a variety of ways. In fact, I believe that the most exciting parts of our phone sex conversations are those where he is urging me to fuck him without protection. Something in the words, in his description of "needing sperm" and "needing to know you're in me without anything between us," is highly charged for both of us. We've had great phone sex for over a year and essentially have performed the same act in our fantasies, dozens of times.

I have talked to other men through phone sex lines who have also eroticized unprotected anal sex. By this I do not mean that they simply like to talk about having anal sex and don't include the ritualistic putting on of the condom as a part of the fantasy. I am speaking about men who find it exciting to consciously not use protection, and to articulate, often repeatedly, that condoms are not going to be used and that sperm is going to enter the anal tract. One man shared his fantasies, which focus on forcing me to have unprotected intercourse: he likes me to beg him to use a condom and then he refuses. Sometimes he enjoys telling me that he will use one and then not following through on his promise. I find this exciting as well.

Over the past few years, I have noticed an increasing prevalence of this kind of fantasy on phone sex lines. It has caused me to wonder about some things. If men who never meet one another in the flesh get off on buttfucking without condoms, do men who do meet also eroticize unprotected anal sex? I am again not referring to men who enjoy anal sex and prefer simply not to introduce a condom into the scenerio. The focus of my interest is on men who may be fucking and getting fucked and their erotic experience is heightened by a conscious and articulated refusal to use condoms.

I have spoken to one friend who is turned on by such activity and despite living in a major city heavily impacted by HIV since the start of the epidemic and being primarily a sexual "bottom," he still tests HIV negative. He attributes this feat to his commitment to surviving the epidemic and his ability to construct a satisfying erotic life through his powerful imagination and good judgment. He maintains that he is careful to select uninfected men he trusts as his sex partners for these fantasies.

I wonder whether labeling a specific sexual act "forbidden" heightens men's erotic interest in the act. As a man who has never enjoyed getting fucked and who has experienced varying levels of discomfort and pain during my few ventures in this area, I have noticed an escalating interest in getting fucked appearing in my masturbatory fantasies since the early years of the epidemic. How common is it for humans to eroticize the exact activities which they are told not to actualize? Is something about a gay culture filled with explicit warnings about anal sex hazards, channeling young gay men's erotic desires more strongly toward anal intercourse? In a world where many gay men have staked out terrain as "sexual outlaws," has unprotected anal sex become the defining act of renegade status?

Culture and Sexual Meanings

Penetration and the receiving of semen hold vastly different meanings in diverse cultures. By examining these practices across cultures through the lens of varied disciplines, anthropologists, folklorists, sociologists, and other researchers provide a sense of the ways in which sexual meanings emerge out of specific historical contexts and are socially and culturally constructed. What they haven't seemed able to do is show how sexual meanings are able to shift or be transformed over time.

Alan Dundes examines the relationship between German national character and shit, toilet training, and anal eroticism in *Life Is Like a Chicken Coop Ladder: A Portrait of German Culture Through Folklore*.[29] Using a wide variety of sources–folktales, children's rhymes, historical accounts, jokes and riddles, poetry, art, letters–Dundes makes a compelling case for linking German character with issues of control, and rooting this connection in childhood practices of toilet training and swaddling. Dundes asserts that "genital matters are commonly expressed in terms of anal equivalents" in German folklore (p. 52), and his book offers a rich collection of examples of the diverse meanings which surround anality and grow out of a wide range of cultural factors.

Yet Dundes doesn't limit his explorations of anality to Germany. A recent essay explores connections between anal penetration and sports, war, and games in cultures such as Argentina, Spain, Iceland, and the United States.[30] In another piece examining folklore surrounding the Gulf War, Dundes and Carl Pagter illustrate popular conceptions linking receptive anal intercourse with degradation:

> In terms of the psychology of warfare, it is not enough to deprive one's opponent of his masculinity. Rather the opponent must be totally humiliated by being feminized as well. This is why, we would argue, several of the items portray the Iraqi soldier or Hussein himself as the victim of anal penetration. The play on "Saddam elected to receive" is a clear sign

of his prospective loss of masculinity–in football parlance, he is about to take it in his "endzone."[31]

Dundes continues his examination of these themes in an essay which compiles and analyzes jokes surrounding the O. J. Simpson murder trial. He again illustrates the linkage of anal intercourse with feminization and racism:

> What is O. J.'s new name going to be?
> Orangina.
>
> O. J. is introduced to his new cellmate, a huge, nasty-looking guy doing five consecutive life sentences. He says to O. J., "Look here, we gonna get something straight right off da bat. Are you gonna be da husband or da wife?" O. J. thinks fast. If he says "wife," he reasons, he'll get it up the wazoo in a matter of nanoseconds, so he says, "I'll be the husband." The guy then says, "OK. then. Now get down on yo knees and suck yo wife's dick."[32]

Dundes folklore research on anal intercourse provides evidence of the vast and complex ways in which specific erotic activity–which contemporary HIV educators often view as an isolated, "free-floating" practice lacking rooting in specific cultures–is bound up in a range of social practices. The message his body of work delivers to contemporary HIV prevention efforts is that sex acts are not discrete entities separated from the web of culture and should not be expected to disappear or be radically transformed easily and quickly.

In a similar manner, Gilbert Herdt's book *Guardians of the Flutes* presents a portrait on the Sambia of New Guinea which focuses upon mass ritualistic oral insemination of boys and uncovers Sambian cultural belief that, by receiving semen, the boys will grow "big and strong."[33] Parallel acts performed between males of similar ages in most North American cultures would be policed as acts of violation, abuse, and perversion. One could argue that the central ideals Herdt illuminates through Sambian boy-insemination–"how culture structures sexuality, how individuals' desires also harness culture, and how the rituals of boy-inseminating might form the crucible" of specific gay male identities, communities, and ways of life?

The literature on "Dhat Syndrome" in South Asia provides another example of ways in which distinct cultures confer specific meanings upon similar sexual activities. Dhat syndrome has been defined differently by different researchers in different locations. One medical team described Indian Dhat syndrome in this way:

> The Indian Dhat syndrome is a culture-bound symptom complex. The clinical picture includes severe anxiety and hypochondriasis. The patient is preoccupied with the excessive loss of semen by noctoral emissions. There is a fear that semen is being lost, and mixed in urine.[34]

Another researcher insisted on renaming the syndrome as "semen anxiety" and discusses similarities and differences in the ways in which "semen anxiety" is manifested and takes on varied meanings in varied cultures (Chinese, Sri Lankan, Pakistani, distinct Indian cultures).[35] One study which compared "semen-loss syndrome" in Sri Lanka and Japan found that in the former nation, people "consider semen loss to be detrimental to mental and physical health," while in the latter, complaints about "lost semen" and a belief system surrounding the experience hardly existed.[36]

Within a specific theoretically "unified" area (South Asia or the United States, for example), sexual practices may take on different meanings and be embedded in strikingly different cultures. United States HIV-prevention efforts using public health paradigms, commonly have ignored or simplified sexual meanings, discounted the deep significance of culture, and privileged rational forms of decision making over the role of either the unconscious or a matrix of social and cultural relations as key to behavior change.

THE MYTH OF AN EPIDEMIC ON THE WANE

By 1991, people responsible for HIV-prevention activities targeting gay men in epicenter cities began to panic. After several years of conceptualizing unprotected anal sex as "relapse," and attempting to develop "solutions" to the "problem," the information that new seroconversions were mounting again among gay men began to circulate beyond the privatized spaces of AIDS educators (con-

ferences, academic journals, professional networks) and enter the public sphere through the mainstream media.

Many educators had first learned about new infections among previously HIV-negative gay men informally, as they heard of friends and colleagues who had recently tested HIV positive. Few addressed the matter directly because it challenged the entrenched mindset of the gay community: the spread of HIV had been virtually halted among gay men in the mid-1980s. Organizations provided no targeted services for newly infected gay men, placing men who seroconverted in 1991 in general support groups for HIV-positive men.[37] These individuals found themselves in the awkward position of either adhering to the group norm by pretending they seroconverted in the early 1980s, or being honest and raising the ire of the group members who had become infected "before they knew better." The community at the time simply couldn't cope with the idea that this epidemic had instituted a "rolling admissions" policy, and that an end was not in sight.

When individual gay men became ready to investigate the matter more closely, their efforts were initially conducted quietly, away from public scrutiny. Many community advocates felt that, if word leaked out that gay men were engaging in unprotected anal sex, governmental funding for AIDS efforts would be undermined significantly. Between 1991-1993, a small but steady stream of research studies and focus groups were initiated in San Francisco to probe sexual behavior and psychological motivation among gay and bisexual men of all ages.

In November 1992, San Francisco's AIDS prevention leadership quietly met "to identify the causes for continuing high rates of HIV infection among self-identified gay and bisexual men in San Francisco, and to decide how AIDS prevention efforts can be strengthened to deal with this emergency."[38] They convened a dozen focus groups comprising 119 gay and bisexual men; reports from these groups were analyzed by local AIDS prevention workers. A series of fourteen recommendations emerged, including "the need for evolving AIDS prevention efforts," "addressing emotional and psychological issues interfering with safe sex," and "providing greater care and support for gay and bisexual men."[39] In the tight

circle of San Francisco's AIDS prevention workers, the awareness that education efforts needed to be reconceptualized was dawning.

A front-page story in *The New York Times* in 1993 titled "Second Wave of AIDS Feared by Officials in San Francisco" was responsible for bringing the new infections to the public's attention. Reporter Jane Gross, having reviewed public health reports, transcripts of focus group sessions, and epidemiological data, wrote:

> Among every 100 uninfected gay men here, there were 18 new infections in 1982, a rate that dropped to less than 1 in 1985. That has nudged back up to 2 out of 100 now, and is twice that high among men younger than 25. That increase, is viewed as alarming by health officials and is the clearest sign of a corresponding increase in unsafe behavior.[40]

Gross cited surveys which "indicate that one of every three gay men in San Francisco is engaging in unsafe sex, primarily anal intercourse without condoms," and explored the possible causes of what she dubbed a "second wave of AIDS infection."

The New York Times piece rocked San Francisco's AIDS system like another earthquake, precisely because it pierced the heavy public relations armor which the system had been amassing for years. A city that prided itself on getting down to business and halting new infections a decade ago, now found the myths it created visibly exposed on the front page of the nation's newspaper of record. Over the next few months, the news of a possible new wave of infection seemed to deepen the level of depression and despair among the city's gay men, while sending local prevention leaders into increasingly frequent postures of defense. As one leading AIDS advocate privately told me, "Everyone knows that the City's AIDS organizations don't have a clue about what to do about new infections, but they'll keep getting funded because they're the only game in town. Even the health department knows that it's flushing its prevention dollars down the toilet."[41]

Three months after *The New York Times* piece appeared, the City's AIDS prevention leadership struck back. In an act with boundless repercussions, the Department of Public Health's AIDS Office convened a press conference and declared that the AIDS epidemic in San Francisco had peaked and was now on the wane.

Hailing "dramatic reductions in new HIV infections which occurred a decade ago and which were achieved as a result of successful prevention campaigns waged in San Francisco during the past 10 years," the City's chief epidemiologist presented information showing that the number of annual AIDS diagnoses had dropped 50 percent in 1993, and would continue to decline over the following five years.[42]

Local newspapers hailed the news with lead stories and front-page headlines, one declaring in bold letters, "S.F. AIDS Epidemic Waning." In almost celebratory tone, the paper's AIDS-beat reporter wrote:

> The AIDS epidemic that has ravaged San Francisco for the past decade has begun to recede, surrendering to aggressive efforts of disease education and prevention, a new study shows. . . . Ten years ago, The City's tightknit and well-educated gay community launched a "safe sex" AIDS prevention campaign that dramatically changed behavior and sharply curtailed new HIV infection rates.[43]

The *Examiner* article seemed like a pep rally for the City's AIDS prevention efforts which had been so painfully undercut just three months earlier in *The New York Times* cover story. "These figures show that prevention works," the chief epidemiologist stated, in the *Examiner.* "Our prevention efforts–targeted at specific populations–have altered the course of the epidemic in The City." A gay journalist was quoted as saying proudly that the fall-off of new AIDS cases was "very much an accomplishment of my community. We did a remarkable job of stopping a very sharp and high degree of transmission." Another community advocate hailed the announcement, stating, "It's good news, but we can't take a break."[44] To top it all off, the following day's *Examiner* included a laudatory editorial, championing local prevention efforts and proclaiming "Education Cuts AIDS Spread."[45] It seemed almost as if the press conference were timed to show to legislators in Washington, DC, who were debating the federal AIDS prevention budget, that education programs had been effective and that funding increases were merited.

What seems cynical about this particular press conference is that it was used successfully to buttress the sagging reputations of local

AIDS prevention efforts without promising substantive new directions. A despairing community was fed fabricated pap to lift its spirits and rekindle a sense of pride. Evidence was never presented which empirically linked the fall-off in new cases to education efforts and a close scrutiny of the reported data suggests different conclusions. While letters to the editor appeared to challenge the headline's assertion,[46] and a special hearing of the city's Board of Supervisors Health and Budget Committees was held to discuss the report–mainly to chide AIDS office staffers for releasing the projections and unintentionally justifying a decrease in federal and state prevention dollars[47]–it was impossible to erase the headline from the minds of the masses. True or not, AIDS was now on the wane in San Francisco.[48]

The report shows that by 1997, more than 26,700 AIDS cases will have been diagnosed in San Francisco, nearly all among gay and bisexual men. An additional 18,000 gay men will have been infected but not diagnosed. Hence the study shows that in the first sixteen years of the epidemic, 45,000 residents will have been infected with HIV, diagnosed with AIDS, or killed by HIV disease.[49] This figure represents an astounding 60 percent of the estimated 75,000 gay men in San Francisco at the start of the epidemic.[50] With no further analysis, one might conclude that AIDS prevention efforts saved 40 percent of the gay men in San Francisco from becoming infected–a sizeable portion yet still significantly less than a majority of the gay population.

However, the assumption that all gay men are at significant risk for HIV infection–a belief seemingly held by the entire mainstream media and frequently exploited by gay male prevention leaders who know otherwise–is not borne out by studies of gay men's sexual behavior. Only a handful of cases of HIV transmission have been documented through oral sex.[51] The vast majority of gay men who have become infected with HIV are generally believed to have contracted it through anal sex. Yet studies have consistently shown that between 10 percent and 50 percent of gay men never engage in anal sex.[52]

During the decade before the epidemic was identified, Guy Hocquenghem wrote:

> Homosexuality is always connected with the anus, even though–as Kinsey's precious statistics demonstrate–anal intercourse is still the exception even among homosexuals.[53]

If one assumes 20 percent of the gay men in San Francisco do not engage in either receptive or insertive anal sex (a conservative estimate, I believe), the remaining 80 percent of gay men become the "at-risk" population for HIV transmission. If 80 percent of the city's gay men are at risk and 60 percent of the city's gay men will have been infected by 1997, "successful prevention campaigns" can be credited with "saving" only 20 percent of the gay and bisexual men's population–the other 20 percent of this population were never seriously at risk. Put another way, of the 60,000 gay men in San Francisco at the start of the epidemic who were at risk because they engage in anal sex, 45,000–or 75 percent–have been infected and 15,000–or 25 percent–remain uninfected.

This is a significant number of at-risk gay men remaining uninfected. However, plaudits given to AIDS prevention efforts, the repeated use of adjectives such as "successful," and "historic," and phrases such as "the most profound modifications of personal health-related behaviors ever recorded," seem disrespectful to the 45,000 lives whom such efforts apparently failed to save.

The recent decline in new infections to under 1,000 a year is also being attributed to prevention efforts, but additional factors may be just as important. This "small" amount of seroconversion may simply indicate that the population of gay men in San Francisco who engage in anal sex has been saturated with HIV. Those men who don't desire to engage in anal sex–either due to dislike, aversion, or simple lack of experience–are not at significant risk for HIV infection, yet repeatedly are statistically appropriated by prevention leaders to buttress their claims of protecting large numbers of gay men from infection.

In his powerful and insightful book *Safety in Numbers: Safer Sex and Gay Men,* Edward King lists the concept "saturation" as one of the "myths about behavior change."[54] While King states that "this theory cannot be conclusively ruled out in large American studies . . . due to the extremely high prevalence of HIV in such cohorts," he argues that "the levelling off in infection rates among gay men

which is consistently seen in studies around the world occurred at different levels of seroprevalence in different countries." King also cites the saturation theory's failure "to take account of the shifting nature of the population of gay men at risk."

I respectfully disagree with King here, but we don't have the research we need to argue. I believe that levelling off at different levels of seroprevalence could be expected to occur because different percentages of men engage in anal sex in different locations. I suspect that gay men in cities well-known as gay centers might get fucked more than gay men in smaller cities and towns. This is suggested in a multicity study of pre-AIDS gay male sexual behavior at VD clinics which indicated that while 82.1 percent of the study's San Francisco participants engaged in receptive anal intercourse with ejaculation during a four-month period in 1978, and 77.8 percent of the Los Angeles men did likewise, the percentage fell to 68.3 among the St. Louis participants and 66.6 in the Chicago group. I do not believe that specific sex practices are participated in by men across geographic areas and across cultures, and initial data comparing black gay men and white gay men bear this out.[55]

Rather than being an example of a city which has initiated successful, targeted prevention campaigns, San Francisco may be a city which shows the profound draw of anal sex and semen exchange for gay men, despite mass attempts to discourage the activity. This is particularly evident when one reviews projections of HIV prevalence among young gay men which indicates one-third will be HIV positive before they are thirty.[56]

SHAME STAGES A COMEBACK

In a climate where public attention has begun to focus on escalating seroconversions among both young gay men and older men who had remained uninfected for a decade and a half, AIDS educators are feeling a great deal of pressure. Although many leaders of gay men's prevention programs are knowledgeable about HIV, gay culture, and social marketing, most seem to have a limited understanding of the serious challenges which have historically stymied educators attempting to influence human sexuality. Unsure of how to respond to seroconversion increases, and targets of escalating

criticism from certain sectors of the gay community, some AIDS educators are defaulting to tactics of fear-mongering and shaming to stem the tide of new infections.

An essay widely discussed in San Francisco exemplifies panic as a tactic to use to marshall community support. Two local HIV prevention leaders published a piece in the community forum section of a local gay newspaper. Titled "It's Not Acceptable, in 1993 . . . " the article initially acknowledges the importance of anal sex to many gay men:

> As humans, we communicate deeply through sex. And in a world where it sometimes feels like we lost everything else–civil rights, friends, lovers, basic dignity–it's easy to feel we're being asked to relinquish our most primal means of communication and pleasure.
>
> We're afraid, in fact, that we'll lose the profundity of fusion. Coming in a guy's butt is the closest we'll ever get to that guy; similarly, having someone come inside us triggers a primal sense of oneness. The wholly natural human drive for completion through sex is, for some of us, deeply buried in our unconscious. So the call to safe fucking, while intellectually palatable, seems unconsciously unbearable. Who wants a barrier–even a latex one–to come between us?[57]

After such affirmation, the authors' tone and message shifts, launching into a polemic laden with assumptions and judgments which increasing numbers of gay men do not appear to share:

> But we're living with an epidemic. In an epidemic, "normal" human behavior gets suspended in deference to staying alive. And it's easy to forget there's power in life-affirming protected sex, and there's power in taking care of each other.
>
> So we need to revisit our public/private norms. Two guys fucking unsafely are, in a way, fucking all of us; if we watch, we're joining in. The questions then arise: what do we do? Tap the two on the shoulder and ask them to stop? Report them to the club owners? Report the club to the city? Join in? Or do nothing? What's clear is that our silence is our death. It's time to show care and take responsibility for each other by intervening.

Is it true that under epidemic conditions "normal" human behavior gets suspended in deference to staying alive? In other contexts, Sissela Bok has analyzed the impact of prolonged threats to survival on individual choice. She initially seems to reach a similar conclusion:

> In extreme and prolonged threats to survival, as in plagues, invasions, and religious or political persecutions, human choice is intolerably restricted. Survival alone counts; moral considerations are nearly obliterated . . . the luxury of alternatives is out of the question. The overwhelming justification is, once again, survival. It appeals to the most powerful aspects of the principle of avoiding harm–the battle against personal extinction. At such times, the spread of deceptive practices cannot be a consideration insofar as it has already taken place.[58]

Yet Bok probes deeper and raises important considerations surrounding the use of deception and manipulation with a population undergoing extreme threats to survival:

> But to say that the long-term threats to survival strain morality is not to say that hindsight cannot make out differences in adherence to principles of justice or veracity at such times. Nor, obviously, is it to say that those who *impose* or tolerate such burdens for their fellow human beings must not be judged. It is merely to say that there comes a point of human endurance and of long-term threat beyond which justice is inoperative for sufferers, and where their adherence to moral principles cannot be evaluated by outsiders.[59]

Gay men may be at one of these points. While some men protect themselves amid the deepening catastrophe of AIDS, more men than usually acknowledged do otherwise. Defining the men who opt for safe sex as healthy, moral citizens with significant self-esteem and those who don't as self-destructive, drug-addicted, bad people is facile. While not simplifying the complexity of factors that may

motivate an individual to participate in activities which threaten health or shorten lifespan (smoking, excessive drinking, eating fried foods, refusing to exercise), is it possible to value the meanings of an activity and the pleasure and satisfaction it affords over safety and longevity of life?

Gay men who seroconvert display a broad range of feelings about their new status. A forty-year-old gay man in San Francisco, who had recently tested HIV positive, said:

> There are some times when AIDS seems like an incredible relief. I feel that I'm saved. I never have to worry about what I'm going to be when I grow up. I no longer have to deal with really frightening issues like, how graciously will I grow old? Sometimes I think, well, this solves a lot of things for me, doesn't it?[60]

Another San Franciscan, a thirty-two-year-old airline mechanic who recently seroconverted, told *The New York Times*:

> "I thought if I was HIV-positive I'd be so much gayer. . . . People are looking for the red badge of courage, and you get that when you convert."[61]

I was initially caught off guard by the calmness and clarity of friends who had tested positive after years of testing negative. My own judgments led me to explain their composure as rooted in the seroconversions' confirmation of long-standing, internal sense of doom or deeply entrenched feelings of worthlessness. I tried to see how these men were different from me and how my psychology may have protected me from infection. When men explained what they claimed to be their reason for having unprotected sex, my ears shut off and I discounted their analyses as rationalizations. Only when one man challenged my arrogance did I begin to hear these men's heartfelt formulations and I was startled. Some of these men claim to have made reasoned, defensible decisions regarding sexual conduct and found peace with themselves in the face of seroconverting. I was left raging inside and confused.

By stating "It's easy to forget there's power in life-affirming protected sex," the authors of "It's Not Acceptable" seem to suggest that the erotic is a source of power which serves as a prime motivator of our sexual congresses.[62] Are they speaking of the energy and fulfillment which may be generated by desire, or the social and political strength which may accrue to the gay community by showing the public-at-large that we comply with safe sex guidelines? For those of us who have remained uninfected, what kind of power do we garner from protected sex? While I suspect that men gain both personal and communal power through the fulfillment of specific erotic desires, I am dubious that the marketing of power in this manner can be used effectively to regulate gay men's sexuality.

Specific sexual acts have vastly different meaning for different individuals. This is true cross-culturally and true within specific cultures. All men who enjoy fucking another man do not experience a sense of power from the act, and those who do might have differing experiences and values of power. The many permutations of meaning from specific acts are affected by a wide range of factors. It has become common to simplify the meaning of anal sex (the top seeks power and/or control, the bottom seeks surrender, both seek fusion) or semen exchange (intimacy, closeness, merging), although conversations with gay men reveal an incredible multiplicity of meaning from the same specific act.[63] Anal intercourse with a latex barrier may provide some men with feelings of power and safety, while other men may experience the identical activity as conveying danger, contagion, or disempowerment.

The authors' argument veers across a decisive line when they insist, "Two guys fucking unsafely are, in a way, fucking all of us; if we watch, we're joining in." The use of "fucking" for both anal sex and as a colloquial term for "injure" or "wound" may belie superficial sex-positive posturing. In what ways is the greater gay community undermined when two men engage in unprotected anal sex? Perhaps the authors believe that the gay community as an entity is harmed by "allowing" unprotected anal sex to occur in public venues because the heterosexual public may judge us as irresponsible. How should community conduct be influenced by an imagined sense of the values of other populations? The moral issues here are complex and difficult to sort through, but the authors seem to divide morality into stark black and white.

Scapegoating is a dangerous tactic to employ in the midst of a sexually transmitted epidemic. Psychologists believe that scapegoating occurs when groups or individuals psychologically split off a piece of themselves and charge it with conflicted significance.[64] Do we envy the men who are having unprotected sex? Are we angry because they have left us out? Do we blame them for our own infection or that of our friends?

Over the past ten years, a prevention strategy has been institutionalized which attempts to regulate desire and sexual activity largely through moralizing, peer pressure, and public relations. Under the guise of encouragement and social marketing, this approach employs outside forces of guilt and shame to influence individual conduct. It encourages the manipulation and simplifying of information and it glosses over ambiguity. Historic precedents have shown that human sexuality is difficult to control and resistant to such regulation. At this point, many gay men apparently are rebelling:

> I think what is going on in the heads of some men I talk to is internalized homophobia. I have it too. How could I not? I was raised being made to feel afraid, ashamed, embarrassed, and guilty about the feelings I had for other men. AIDS education for gay men often makes us feel afraid, ashamed, embarrassed, and guilty if we have unsafe sex. It's reinforcing something that does not need reinforcement.[65]

An uninfected gay man who oversees HIV testing and counseling for a metropolitan health department voiced concern about the manipulation of gay men under the guise of shifting community norms:

> The lie is that everybody is practicing safer sex. That's the lie we have lived with in the gay community. It's simply not true, and the thing that worries me is that people don't know where to go to get help. I don't like community norms that feed into people feeling bad about themselves, not being able to talk about what is really bothering them.[66]

Writing about his adolescent homosexual explorations in the 1950s, Jonathan Silin links the way information about sexuality has been kept hidden from teenagers with the manner in which HIV prevention information is used to control sexuality:

> Memory is personal and painful. It reminds me that the knowledge I was acquiring of my body and its desires was dangerous knowledge–dangerous for what it said to me about myself and my future and dangerous to others for what it said to them about the nature of sexual possibilities. But memory is also political and powerful. It tells me that throughout history dangerous knowledge, knowledge that challenges accepted behavioral norms and values, has always been controlled and managed by those in positions to do so. . . .
>
> I have become increasingly concerned about a subtle but perhaps more disturbing kind of violence–a type of violence that occurs when governmental and social agencies try to control sexuality through informational and educational campaigns.[67]

It is time to challenge this kind of symbolic violence against gay male sexuality. New prevention methods utilizing viable alternative strategies merit consideration. Is it possible to develop tactics which fully affirm the right and responsibility of gay men to serve as agents assessing and managing their own sexual risk? Can we provide men with anything that approximates effective education and then trust them to reconstruct their erotic lives? Is it possible to pursue simultaneously both the external, coercive regulation of sexuality and individualized, reflective decision making and risk management? Or do the two cancel out one another?

NOTES

1. This is best documented in Edward King, *Safety in Numbers: Safer Sex and Gay Men* (New York: Routledge, 1993). See in particular, Chapter 4, "Sustaining Safer Sex?," 135-168. King writes, "The data also suggested that the proportion of men engaging in anal sex had increased slightly during the previous year [1988], and this trend was confirmed by follow-up in 1989, 1990 and 1991" (p. 45). One of the first groups to respond to this dawning realization met in November 1992, "to identify the causes for continuing high rates of HIV infection among self-identified gay and bisexual men in San Francisco," and was com-

prised of "a diverse group of AIDS prevention agencies, [San Francisco] Department of Public Health AIDS Office staff, concerned prevention professionals and gay men." See Dana Van Gorder, ed., *A Call for a New Generation of AIDS Prevention for Gay and Bisexual Men in San Francisco* (San Francisco Department of Public Health, August, 1993), 1.

2. Centers for Disease Control, *Morbidity and Mortality Weekly Report: Report on AIDS* (Atlanta: Centers for Disease Control, 1986), 91.

3. Walt Odets, *In the Shadow of the Epidemic: Being HIV-Negative in the Age of AIDS* (Durham NC: Duke University Press, 1995), 23-39.

4. *Ibid.*, 38-39.

5. Jay P. Paul, Robert B. Hays, Thomas J. Coates, "The Impact of the HIV Epidemic on U.S. Gay Male Communities," in *Lesbian, Gay, and Bisexual Identities Over the Lifespan: Psychological Perspectives on Personal, Relational and Community Processes,* eds. Anthony R. D'Augelli and Charlotte J. Patterson (Oxford: Oxford University Press, 1995, 376.

6. Craig Horowitz, "Has AIDS Won?," *New York,* February 20, 1995, 33.

7. A study by Maria Ekstrand of University of California at San Francisco's Center for AIDS Prevention Studies presented at the July 1992 International AIDS Conference in Amsterdam, discussed in Michael Munzell, "Dancing with Death," *San Francisco Sunday Chronicle and Examiner, Image Magazine,* August 23, 1992, 24, reports "37 percent of gay men in San Francisco had unprotected anal sex in one or two years between 1987 and 1990. Another 25 percent had unsafe sex during all three years, making a total of 62 percent that engaged in high-risk behavior." See Maria L. Ekstrand and Tom Coates, "Maintenance of Safer Sex Behaviors and Predictors of Risky Sex: The San Francisco Men's Health Study," *American Journal of Public Health* 80(8):973-977 (1990).

8. Among the earliest articles to shift focus from "gay men have halted (or greatly reduced) HIV transmission" to "we've got an escalating problem on our hands" were Ron Stall, Don Barrett, Larry Bye, Joe Catania, Chuck Frutchey, Jeff Henne, George Lemp, and Jay Paul, "A Comparison of Younger and Older Gay Men's HIV Risk-Taking Behaviors: The Communication Technologies 1989 Cross-Sectional Survey," *Journal of Acquired Immune Deficiency Syndromes* 5:682-687 (1992); Robert B. Hays, Susan M. Keegles, and Thomas J. Coates, "High HIV Risk-Taking Among Young Gay Men," *AIDS,* 4:901-907 (1990); Jeffrey A. Kelly, J. St. Lawrence, T. Brasfield, L. Stevenson, Y. Diaz, and A. Hauth, "AIDS Risk Behavior Patterns Among Gay Men in Small Southern Cities," *American Journal of Public Health* 80(4):410-418 (April 1990).

9. Franklin Abbot, quoted in William A. Henry III, "An Identity Forged in Flames," *Time,* August 3, 1992, 37.

10. Edward King, *Safety in Numbers: Safer Sex and Gay Men* (New York: Routledge, 1993), 142-163, writes extensively about "relapse theory." David Klotz, "Safer Sex Maintenance and Reinforcement in Gay Men," in *The Second Decade of AIDS,* eds. Walt Odets and Michael Shernoff (New York: Hatherleigh Press, 1995), 221, shares a similar concern about the use of this term.

11. George Weinberg, *Society and the Healthy Homosexual* (Garden City, NY: Anchor, 1972) still provides the best analysis of homophboia in the professions of psychology and psychiatry.

12. Guy Hocquenghem, *Homosexual Desire,* trans. Daniella Dangoor (London: Allison & Busby, 1972), 84.

13. Jack Morin, *Anal Pleasure and Health* (Burlingame, CA: Down There Press, 1981), 26.

14. Poet Kenny Fries has eloquently written about the "stigmatization of anal sex" in popular culture. See Kenny Fries, "Pulp Practices," *Metroline,* November 24, 1994, 22.

15. Susan Sontag, *AIDS and Its Metaphors* (New York: Farrar, Straus, and Giroux, 1988), 26.

16. Walt Odets, "AIDS Education and Prevention: Why It Has Gone Almost Completely Wrong and Some Things We Can Do About It" (paper presented at the National Lesbian and Gay Health Conference, Houston, TX, July 23, 1993).

17. Lisa Krieger, "AIDSWEEK," *San Francisco Examiner* February 23, 1994, A2.

18. This is discussed by Anna Quindlen, "Dance of Death," *The New York Times,* February 19, 1994, 13.

19. Andrea Dworkin has written extensively (and problematically) on the sexual politics of intercourse but is at her most succinct in one of her earliest books. See in Andrea Dworkin, *Woman Hating* (New York: Dutton, 1974), the chapter "Androgyny: Androgyny, Fucking and Community," 174-193.

20. Quoted in Michael Munzell, "Dancing with Death," 26. See note 7.

21. Sontag, *AIDS and Its Metaphors,* 25.

22. Richard Rodriguez, *Days of Obligation: An Argument with My Mexican Father* (New York: Viking, 1992), 30.

23. Ron D. Stall, Thomas J. Coates, Colleen Hoff, "Behavioral Risk Reduction for HIV Infection Among Gay and Bisexual Men: A Review of Results from the United States," *American Psychologist* 43(11):882-884 (November 1988).

24. R. W. Connell, J. Crawford, G. W. Dowsett, S. Kippax, V. Sinnott, P. Rodden, R. Berg, D. Baxter, L. Watson, "Danger and Context: Unsafe Anal Sexual Practice Among Homosexual and Bisexual Men in the AIDS Crisis" *Australian and New Zealand Journal of Sociology,* 26(2):189 (August, 1990).

25. R. W. Connell, M. D. Davis, G. W. Dowsett, "A Bastard of a Life: Homosexual Desire and Practice Among Men in Working-Class Milieux," *Australian and New Zealand Journal of Sociology,* 29(1):129 (March, 1993).

26. For an historical account of this dynamic in the early twentieth century, see George Chauncey, *Gay New York: Gender, Urban Culture, and the Making of the Gay Male World, 1890-1940* (New York: Basic Books, 1994).

27. For one anthropological account of semen exchange with different cultural meaning from contemporary North American gay male cultures, see Gilbert Herdt, *Guardians of the Flutes* (Chicago: University of Chicago Press, 1994).

28. For early work documenting gay liberation and sexual liberation see Carl Wittman, "A Gay Manifesto," in *Out of the Closets: Voices of Gay Liberation,*

eds. Karla Jay and Allen Young (New York: Douglas, 1972), and Dennis Altman, *Coming Out in the Seventies* (Boston: Alyson, 1981).

29. Alan Dundes, *Life Is Like a Chicken Coop Ladder* (New York: Columbia University Press, 1984).

30. Alan Dundes, "Traditional Male Combat: From Game to War," in (eds.) Rolf W. Brednich and Walter Hartinger, *Gewalt in Der Kultur* (Passau 1994), 153-177.

31. Alan Dundes and Carl Pagter, "The Mobile SCUD Missile Launcher and Other Persian Gulf Warlore: An American Folk Image of Saddam Hussein's Iraq," *Western Folklore* 50(3):320 (July 1991).

32. Alan Dundes, "From Jock to Joke: The *Sic Transit* of O. J. Simpson," *ZYZZYVA* X.(4): 42-43 (Winter 1994).

33. Gilbert Herdt, *Guardians of the Flutes* (Chicago: University of Chicago Press, 1981).

34. H. K. Malhotra and N. N. Wig, "Dhat Syndrome: A Culture-Bound Sex Meurosis of the Orient," *Archives of Sexual Behavior* 4(5): 519 (1975).

35. James W. Edwards, "Semen Anxiety in South Asian Cultures: Cultural and Transcultural Significance," *Medical Anthropology* 7(3): 51-67 (Summer, 1983).

36. Ratnin Dewaraja and Yuji Sasaki, "Semen-Loss Syndrome: A Comparison Between Sri Lanka and Japan," *American Journal of Psychotherapy* XLV. (1): 14-20 (January 1991).

37. During my tenure as executive director of Shanti Project in San Francisco, I attempted twice unsuccessfully to find a support group for newly infected men among the City's 200 AIDS organizations.

38. *A Call for a New Generation of AIDS Prevention for Gay and Bisexual Men in San Francisco,* ed. Dana Van Gorder, (San Francisco Dept. of Public Health, August 1993), 1.

39. *Ibid.*, table of contents.

40. Jane Gross, "Second Wave of AIDS Feared by Officials in San Francisco," *The New York Times,* December 11, 1993, 1.

41. Anonymous, interview by author, June 21, 1993.

34. *Projections of the AIDS Epidemic in San Francisco: 1994-1997* (San Francisco Department of Public Health, February 15, 1994).

43. Lisa M. Krieger, "S.F. AIDS Epidemic Waning," *San Francisco Examiner,* February 16, 1994, 1.

44. Michael Botkin and Kerrington Osborne, quoted in Lisa M. Krieger, "S.F. AIDS Epidemic Waning," *San Francisco Examiner,* February 16, 1994, A-14.

45. "Education Cuts AIDS Spread," editorial, *San Francisco Examiner,* February 17, 1994, A-20.

46. See Chris Hall, "Despite reports otherwise, HIV is more of a threat than ever," letter to the editor, *San Francisco Examiner,* February 25, 1994, A-20.

47. Michael Colbruno, "Differences Abound Over AIDS Report," *San Francisco Sentinel,* March 30, 1994, 9.

48. This was evident in the coverage given the story by non-local gay media. See Aras van Hertum, "CDC data shows AIDS is slowing among Gay men," *Washington Blade,* March 18, 1994, 27.

49. *Projections of the AIDS Epidemic in San Francisco: 1994-1997* (San Francisco Department of Public Health, February 15, 1994). Edward King, *Safety in Numbers: Safer Sex and Gay Men* (New York: Routledge, 1993), page 11 cites even more extreme infection rates. He provides figures from the San Francisco City Clinic cohort study which indicates that 73.1 percent of the 6,875 gay men in this study were HIV positive by 1985.

50. The number of gay people in any area is difficult to determine. After consultations with San Francisco-based market research professions who have grappled with this question, I settled on a figure of 75,000 gay men in San Francisco by estimating the city's lesbian and gay population at 20 percent of the city's total 1980 population of about 750,000, evenly divided between lesbians and gay men. Recently the San Francisco Department of Public Health has estimated 58,000 gay men in San Francisco. See Sidney Brinkley, "Getting the Message Out," *Washington Blade*, April, 17, 1995, 14.

51. Jay A. Levy, "The Transmission of HIV and Factors Influencing Progression to AIDS," *American Journal of Medicine* 95:91 (July 1993) considers receptive oral intercourse as carrying "a low but still potential risk of HIV transmission." For popular media coverage of the queer debate on oral sex see Cindy Filipenko, "Oral Sex Risk Debate Continues to Rage," *Bay Area Reporter,* September 22, 1994, 25, which cites the Canadian AIDS Society's continued listing of oral sex as a low-risk act in their safe sex guidelines; see also Jeff Epperly, "Still No Easy Answers on Questions About Oral Sex and HIV Transmission," *Bay Windows,* March 3, 1994, 5; Gabriel Rotello, "Watch Your Mouth," *Out* (June 1994), 148-168, presents a case for upgrading oral sex from its current low-risk status to a higher-risk category.

52. Karla Jay and Allen Young, *The Gay Report: Lesbians and Gay Men Speak Out About Sexual Experiences and Lifestyles* (New York: Summit Books, 1977), 464-465, indicates the frequency of gay male participation in the following activities: "fucking your partner:" never (9 percent), once (5 percent), very infrequently (21 percent); "getting fucked:" never (13 percent), once (8 percent), very infrequently (21 percent). James Spada, *The Spada Report: The Newest Survey of Gay Male Sexuality* (New York: Signet, 1979), 328, features the question "Do you enjoy anal intercourse?" and the answers: Yes (76.7 percent), No (12.9 percent), Sometimes (4.4 percent), Depends on partner (1.8 percent), Depends on position (1.6 percent), No answer (3.6 percent); Alan P. Bell and Martin S. Weinberg, *Homosexualites: A Study of Diversity Among Men and Women* (New York: Simon and Schuster, 1978), 328 reports in response to questions about "performing anal intercourse," 78 percent of white homosexual men and 90 percent black homosexual men responded "yes," while 22 percent of the white men and 10 percent of the black men answered "no." The question about "receiving anal intercourse" was answered affirmatively by 67 percent of the white men and 78 percent of the black men and answered negatively by 33 percent of the white men and 22 percent of the black men; Morton Hunt, *Sexual Behavior in the 1970s* (New York: Dell, 1974) includes the figure of 50 percent of gay men reporting participation in anal sex and 50 percent reporting no participation in the act. Edward King,

fety in Numbers: Safer Sex and Gay Men (New York: Routledge, 1993), 158, es an Australian survey indicating "for many men, anal sex remains the most easurable sexual activity," and a British survey which places anal sex (active d passive) behind masturbation and oral sex in appeal among gay men, and ves figures of 72.5 percent (active) and 61.7 percent (passive) who found anal x "appealing." For a compelling collection of essays on sodomy from a variety academic and activist perspectives see Jonathan Goldberg, ed., *Reclaiming dom* (New York and London: Routledge, 1994), particularly Leo Bersani's "Is e Rectum a Grave?," 249-264.

53. Hocquenghem, *Homosexual Desire,* 89.

54. Edward King, *Safety in Numbers: Safer Sex and Gay Men* (New York: outledge, 1993), 63-64.

55. Alan P. Bell and Martin S. Weinberg, *Homosexualities: A Study of Diversity Among Men and Women* (New York: Simon and Schuster, 1978), 108-109. e also Lynda S. Doll, "Sexual Behavior Before AIDS: The Hepatitis B Studies Homosexual and Bisexual Men," *AIDS* 4:1071 (1990).

56. Donald R. Hoover, Alvaro Muñoz, Vincent Carey, Joan S. Chmeil, Jeremy M. Taylor, Joseph B. Margolick, Lawrence Kingsley, and Sten H. Vermund, "Estimating the 1978-1990 and Future Spread of Human Immunodeficiency Virus Type 1 in ubgroups of Homosexual Men," *American Journal of Epidemiology* 134(10): 90-1205. See also Robert B. Hays, Susan M. Kegeles, and Thomas J. Coates, High HIV Risk-Taking Among Young Gay Men," *AIDS* 4(9):901-907 (1990); Ron all, Don Barrett, Larry Bye, Joe Catania, Chuck Frutchey, Jeff Henne, George mp, Jay Paul, "A Comparison of Younger and Older Gay Men's HIV-Risk-Taking haviors: The Communications Technologies 1989 Cross-Sectional Survey," *Journal of Acquired Immune Deficiency Syndrome* 5:682-687 (1992).

57. Joe Fera and Wayne Blankenship, "It's Not Acceptable, in 1993 . . . " *Bay ea Reporter,* November 24, 1993.

58. Sissela Bok, *Lying: Moral Choice in Public and Private Life* (New York: ntage Books, 1978), 117.

59. *Ibid.*, 199.

60. Wayne Blankenship, "Not a Homophobe's Dream–But an Incredible Simation," *Bay Area Reporter,* January 13, 1994, p. 6.

61. Gross, "Second Wave of AIDS Feared by Officials in San Francisco," 8.

62. For the original landmark essay on this subject, see Audre Lorde, "Uses of the otic: The Erotic as Power," in *Sister Outsider* (Freedom, CA: Crossing Press, 84), 53-59.

63. Young and Jay, *The Gay Report,* 464-480.

64. Sylvia Brinton Perera, *The Scapegoat Complex* (Toronto: Inner City Books, 86).

65. "Vernon," as quoted in William I. Johnston, *HIV-Negative: How the Uninfected Are Affected By AIDS* (New York and London: Insight, 1995), 225.

66. "James Douglas" quoted in William I. Johnston, *HIV-Negative: How the ninfected Are Affected By AIDS* (New York and London: Insight, 1994), 266.

67. Jonathan G. Silin, "Dangerous Knowledge," *Christopher Street* 10(5):34.

Chapter 7

Sex Education for the New Millennium

We are at war and yet we are smiling . . . We are at war and we keep performing. . . . My dick is not my enemy.

–Bill T. Jones
AIDS Project: Los Angeles'
"Commitment to Life VII," 1/27/94

Make me feel mighty real.

–Sylvester, "Mighty Real"

I thought that an evening at a San Francisco sex club would give me a feeling for the current "community norms" of a specific gay male population. Blow Buddies, San Francisco's emporium of male oral sex, is well regarded for its work promoting new community norms by both the local health department and the Coalition for Healthy Sex–a local group of gay men who assess local sex clubs' efforts to encourage safe sex. Aware of the limitations of such "participant/observer" research, I decided to investigate nevertheless . . . plus I was looking for a good time. So, on a Saturday night, I took a cab from my home in the Castro to the South of Market district, and arrived at a large, nondescript industrial building without an exterior sign highlighting its function.

I had been to Blow Buddies twice before. Arriving at 11 p.m., I was pleased to find that there wasn't a line of men eagerly awaiting entrance. I was welcomed into the club's foyer, passed the signs saying "No cologne!" and "Safe Sex Only: No Buttfucking, No